



**COLORADO**

Department of Health Care  
Policy & Financing

## **Meeting Summary of the Accountable Care Collaborative Phase II Open Forum**

November 10, 2015, 5:30 P.M.—7:30 P.M.

Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, Sabin Room  
Denver, CO 80246

### **1. Attendees:**

34 individuals attended in person

8 individuals participated by phone/webinar

For a list of attendees, please see Attachment I.

### **2. Welcome and Introduction**

Kathryn Jantz (ACC Strategy Lead, HCPF) introduces Stephanie Monahan (Facilitator, Civic Canopy)

- In mid-October the Department released the [Accountable Care Collaborative \(ACC\) Phase II Concept Paper](#) which presents the Department's vision and goals for the next iteration of the ACC.
- Purpose of this meeting is to exchange thoughts, feedback and information on how we can impact and further flesh out the ideas in the concept paper, and make the change we all want to see in Colorado.
- This meeting is part of a scheduled series of meetings to discuss Phase II and its components, with a goal of how we can improve the ACC better to meet the diverse needs of those who interact with the system. The full list of currently scheduled meetings is available on the [ACC Phase II web page](#).
- Desired outcomes
  - Build a shared understanding of the ACC Phase II
  - Gather feedback from clients, family members/caretakers, providers, and advocates to inform Phase II regarding:
    - Health Risk Screening
    - Client onboarding and activation
    - Client incentives

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[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



### 3. Phase II Overview

Kathryn Jantz presented an [overview of Phase II of the ACC Program](#). Discussion also took place regarding: client surveys and engagement, children and youth, care coordination tools, payments, quality metrics, and others. In an effort to ensure all stakeholder have access to the same information about Phase II, specific question and answers from this discussion will be incorporated in to Frequently Asked Questions (FAQs). The ACC Phase II Team looks forward to posting FAQs in January 2016.

### 4. Table Discussion Topics and Share Out

#### Table 1: Client Engagement and Activation

1. *What motivates you or your clients to engage in healthy activities, chronic disease management, prevention, etc.?*
2. *What are the barriers you or your clients encounter when trying to engage in health activities, chronic disease management, prevention, etc.?*
3. *What types of tools, resources, health team structures, etc. have or could make it easier for you or your clients to support health and wellbeing?*

**Share Out:** Discussion around what motivates clients to engage in healthy activities, chronic disease management. Also discussed barriers and tools that can be used to make client engagement more effective and efficient.

#### Table 2: Client Onboarding

1. *What services, supports, and/or health information do clients most need within the first 30 days of enrollment in Medicaid?*
2. *What role should a Regional Accountable Entity have in helping clients understand Medicaid services and how to access them? What tools would be valuable to utilize?*
3. *Describe any programs you know of or have experienced that enabled health or social service providers to quickly coordinate a variety of services for individuals. What do you understand to be the key factors that made these programs successful?*

**Share Out:** Discussion around importance of simple information and access to that information. Person-first, jargon-free language. Early intervention and Medical home models where people can come to one place where they feel comfortable and connected. Importance of building relationships with clients and ensuring they feel comfortable with their care and have one person who they can ask questions, connect with.



**Table 3: Client Communication**

**Topics and Share Out:**

- 1. *How can a Regional Accountable Entity best engage with clients in order to assist them in understanding and accessing the health system?*

Discussion around overarching principles of timely, relevant, and targeted information for clients. Broader conversation about how technology could aid in that process, utilizing mobile devices, texting, and other mechanisms would be valuable to the populations we’re trying to serve. Needs to happen not only for RAEs, but also for the partners RAEs may engage to meet population needs. Having a package of information that’s digestible and easily replicated. Discussion around the national “Text4Baby” project that effectively utilized messages for the populations who care about those issues. That could be a model.

- 2. *Do clients find it more valuable to receive health and wellness information from a provider or from a regional entity, such as the Behavioral Health Organizations or Regional Care Collaborative Organizations? Why?*

Agreement that providers are probably the best home for this, but that RAEs need flexibility to design a process that works for them and that can be adjusted as needed.

- 3. *The Department is considering requiring the Regional Accountable Entity to provide a 24-hour phone line. What types of after-hours information and resources would it be most valuable to provide?*

Consensus: we need to better understand how those lines are currently being utilized by the populations so we’re not creating unnecessary administrative burdens for RAEs.

**Table 4: Health Risk Assessment**

**Topics and Share Out:**

- 1. *How can a health risk assessment most effectively elicit clients’ social, behavioral, and physical health information?*

One of our main conclusions was that if it’s not done at the time of enrollment, it could be hard – and very expensive to do. Also, the ones you need to reach are often those hardest to teach, so enrollment is the best time to do it.

- 2. *Do you have any recommendations for a health risk assessment or specific questions to be included in the health risk assessment to effectively assess clients’ social, behavioral, and physical health needs?*

One-size- fits-all screening will be difficult, particularly a simple one. Encourage capitalizing on existing data and bringing those together help with the tiering



process and identification of individuals who need services. Collection and dissemination of data need to be considered.

### Virtual (Phone & Webinar): Client Onboarding

- 1. What services, supports, and/or health information do clients most need within the first 30 days of enrollment in Medicaid?*
- 2. What role should a Regional Accountable Entity have in helping clients understand Medicaid services and how to access them? What tools would be valuable to utilize?*
- 3. Describe any programs you know of or have experienced that enabled health or social service providers to quickly coordinate a variety of services for individuals. What do you understand to be the key factors that made these programs successful?*

### Share Out

- High-touch interventions are a good place for onboarding to start
- Reaching clients: Calling, emailing
- Clients with unmet needs may be easier to engage as they are seeking out care
- Point of Service PCMP office and eligibility offices are easier to begin engagement, though it's a reactive way
- Evaluating success is difficult from a vendor standpoint when you're told to cold call a large group of folks
- More coordinated system for clients to receive information – where does the responsibility lie to send information to clients and to coordinate those activities?

## 5. Concluding Remarks

The presentation, and the [ACC Phase II Concept Paper](#) on which it is based, are both intended to be starting points for a conversation. With stakeholder feedback, the Department will revise, refine, and expand upon the concepts.



## Attachment 1: Attendees

### In-Person

- Mara Baer
- William Betts
- Ryan Biehle
- Paul Bretz
- Harry Budisidharta
- Clara E. Cabanis
- Coral Cosway
- Jacqui Cunningham
- Cynthia Doty
- Elizabeth Forbes
- Rashonda L. Gordon
- Amy Harder
- Katie Pachan Jacobson
- Patrick Kelly
- Taylor Kennedy
- Gretchen McGinnis
- Martha Meyer
- Jenny Nate
- Tony Olimpio
- Stephanie Phibbs
- David Pump
- Lori Roberts
- Brittany Rogers
- Nina Roumell
- Jennifer Smith
- Ken Soda
- Greg Wellems
- Jordan Wiemer

### Via phone/webinar

- Donald
- Enid
- Harriet
- Kathy Griswold
- Laurie
- Stephanie A
- Stephanie R
- Todd Lessley

### HCPF Staff

- Lila Cummings
- Kathryn Jantz
- Mark Queirolo
- Hanna Schum
- Antoinette Taranto
- Colleen Daywalt

